

State of Washington Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 10°

Vame Ay	merican	Kock Pr	oducts, 1	nc.	Home Tel:			
					#207 Work Tel:(
		,			+ 4866 FAX:			
	2. CONT e as above		ERSON T	TO CALL	ABOUT THE	APPLI	CATIO	N
Jame	lern Sea	gin			Home Tel:	()_		
Mailing Ad	dress				Work Tel:()		-
ity		S	tateZi	p+4	+ FAX:()		
elationship	p to applicant	Amer	ican Roc	k Procluce	ts, Inc., Com	pliance	Engin	eer
Section	3. STAT	EMENT	OF INTE	ENT				
<i>ufficient.</i> Estimate a 1	maximum anı	nual quantity			year: 766 A			
			to		t. Indicate the perio	od of time	that the wa	iter will be needed
Section	From	_// ER SOUF	to	//_	If GROUNDWAT		that the wa	iter will be needed
Section If SURFA Name the etc. If unr	From 4. WATI ACE WATE water source named, write	ER SOUF	to	oring, lake,		ER		
Section If SURFA Name the etc. If unrestream," etc.	From 4. WATI ACE WATE water source named, write	ER SOUF	c if stream, sp	oring, lake,	If GROUNDWAT	ER		
Section If SURFA Name the etc. If unrestream," etc.	From	ER SOUF R and indicate "unnamed sp	to	oring, lake,	If GROUNDWAT	TER ForOn	ewell	(s).
Section If SURFA Name the etc. If unr stream," etc.	From 4. WATI ACE WATE water source named, write tc.: f diversions: ows into (name)	ER SOUF R and indicate "unnamed sp	to	oring, lake,	If GROUNDWAT A permit is desired to	TER ForOn	ewell	(s).
Section If SURFA Name the etc. If unrestream," etc. Number of Source flood LOCATION Enter the	From	ER SOUF R and indicate "unnamed sp e of body of	to e if stream, sp pring," "unnar	pring, lake, med	If GROUNDWAT A permit is desired to	TER For On (s): Liameter	ewell , 100'12 withdrawa	(s). deep
Section If SURFA Name the etc. If unrestream," etc. Number of Source flood LOCATION Enter the	From	ER SOUF R and indicate "unnamed sp e of body of	to e if stream, sp pring," "unnar	pring, lake, med	If GROUNDWAT A permit is desired to	TER For On (s): Liameter rsion or v	e well withdrawa wer of Se Twp / tion of source	(s). deep It to the nearest chion 27,
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ECY 040-1-14

APPLICATION

A.	Name of system, if named:		<u> </u>
B.	Briefly describe your proposed water system. (See instructions.)		
	The system will include a 30 hp pump to a	8 inch line which	will provide
	The system will include a 30 hp pump to a water to a 100,000 gallon storage pond. Aggregate to a settlement pond after use and be recyc	4 wach water will be	e numbed
	water to a 100,000 gant strugge point. riggrega	Ind to the fullect oute	ut socsible
	to a settlement pond after use and be recyc	ilea 10 pe punesi exte	ni pessione.
C.	Do you already have any water rights or claims associated with this p PROVIDE DOCUMENTATION.	property or system?	□ YES Ø N
	ection 6. DOMESTIC / PUBLIC WATER SUPPLY S Completed for all domestic/public supply uses.)	YSTEM INFORMAT	TION
A.	Number of "connections" requested: Type of connection	(II)	
В.	Are you within the area of an approved water system?	(Homes, Apartment, R	Recreational, etc
J.	If yes, explain why you are unable to connect to the system. <i>Note: ReCounty Health Department</i> .		
Con	mplete C. and D. only if the proposed water system will have	ve fifteen or more conne	ections.
C.	Do you have a current water system plan approved by the		
	Washington State Department of Health?		□ YES □ N
	If yes, when was it approved? Please attach the c	current approved version of yo	our plan.
O.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the conservation plan?	current approved version of yo	☐ YES ☐ N our plan.
	ection 7. IRRIGATION/AGRICULTURAL/FARM IN Complete for all irrigation and agriculture uses.)	NFORMATION	
Α.	Total number of acres to be irrigated:		
В.	List total number of acres for other specified agricultural uses:		
	Use Acres Use Acres		
	Use Acres Use Acres		
J.	Total number of acres to be covered by this application:		
Э.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)	as amended by Chanter 227	Laws of 2001)
<i>J</i> .	Add up the acreage in which you have a controlling interest, including		, Laws 01 2001,
	‡ Acreage irrigated under water rights acquired after Decemb		
	‡ Acreage proposed to be irrigated under this application;‡ Acreage proposed to be irrigated under other pending application;	cation(s).	
	1. Is the combined acreage greater than 6000 acres?		□ YES □ N
	2. Do you have a controlling interest in a Family Farm Develop. If yes, enter permit no:	ment Permit?	□ YES □ N
Ξ.	Farm uses:		
Ξ.	Farm uses: Stockwater - Total # of animals Animal type Dairy - # Milking # Non-milking	(If dairy cattle, see	below)

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

Landowner for place of use (if same as applicant, write "same")

	portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit cation from the Department of Ecology.
Sec	ction 9. DRIVING DIRECTIONS
F	ide detailed driving instructions to the project site. From Richland, WA go north on SR-240, to 12 mile NWof Stevens Drive, then 4. on Robertson Drive then 14 mi. north entrance to site on Rt. ddress: 2090 Robertson Onive.
Sec	ction 10. REQUIRED MAP
A.	Attach a map of the project. (See instructions.) Attach a map of the project. (See instructions.)
Sec	ction 11. PROPERTY OWNERSHIP
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s): Yes on part of the water use. Most will be used on
	land leased by American Rock Products, Inc. from the Port of BENTO
В.	Does the applicant own the land on which the water source is located? If no, submit a copy of agreement: ✓ YES □ N
proce purp Depa	tify that the information above is true and accurate to the best of my knowledge. I understand that in order to ess my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring oses. Even though I may have been assisted in the preparation of the above application by the employees of the artment of Ecology, all responsibility for the accuracy of the information rests with me. Date
Appli	icant (or authorized representative) Date

Date

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and

TYES INO

We are returning your application for the following	reason(s):	
Examination fee was not enclosed		APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE
incomplete		REGIONAL OFFICE
incomplete Explanation: Please provide the additional information requeste		REGIONAL OFFICE
Explanation: Please provide the additional information requeste	d above and return your a (date).	REGIONAL OFFICE
Explanation: Please provide the additional information requeste		REGIONAL OFFICE

Use this page to continue your answers to any questions on the application. Please indicate section

number before answer.

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To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).